



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

Comparing these numbers with those given in the thesis of Dr. Talon, who has given a report covering the same period of years for the Marseilles asylum, it is found that the number of women relative to the number of men is a little larger at Marseilles than at Dijon.

The average age at the time of entrance presents an inverse relation at Dijon and at Marseilles, where the figures are 45 years for men and 35 for women. The number for the professions was the same at Marseilles and at Dijon.

Chevalier's general conclusions contain nothing new, and are in accord with the ordinary views on the subject; his conclusions are if it has been shown that general paralysis occurs with increasing frequency in connection with the conditions of existence, from whence arises an over-exertion increasing from day to day, it still must be recognized that this progression is not so great as certain authors have affirmed. If it is well established that the maximum frequency of the appearance of general paralysis is between 35 and 45 years of age, as all alienists claim, it has been equally shown that general paralysis at the extreme limits of life is not an exception, and the limits of its appearance increase every day. With regard to the researches into etiological causes there were such complete *lacunæ* in certain cases and in others such obscurities, reticencies and false statements as to render any practical conclusions impossible.

BLACKBURN, *A study of nineteen cases of general paralysis of the insane*. Report of the Government Hospital for the Insane, Washington, 1891.

All the cases were males, fifteen white, four colored. With possibly one exception all were characteristic in symptoms and in the lesions found post mortem. The skull was thicker than the average in seven cases; it was noticeably dense in five; thinner than usual in five. Various degrees of asymmetry, usually very slight, were observed in at least twelve cases. The horizontal outlines of eighteen of the crania are shown in two plates. The dura mater was abnormally adherent to the bone in six cases; the inner surface showed evidences of internal pachymeningitis in six cases. The heaviest brain weighed 51½ ounces; the lightest weighed 34 ounces; the average weight was 43¾ ounces.

Marked changes in the pia and more or less shrinkage of the convolutions were found in nearly all the cases. The meningeal and atrophic changes were usually more decided in the frontal portions of the hemispheres. In thirteen cases the pia showed adhesion to the cortex; in the remainder the membranes were removed with even less difficulty than from the normal brain. The microscopical appearances were characteristic in nearly every case. As a rule the microscopical changes were of greatest intensity in sections from the fronto-parietal convexity, though occasionally the hippocampal regions showed the most decided changes.

In the majority of cases slight vascular and other changes were found in the cerebellum. The pons and medulla were diseased in all the well-marked cases. Slight sclerosis of the spinal cord was found in several cases. The report is accompanied by four excellent photographs of parietic brains.

FROELICH, *Deux fractures spontanées chez un paralytique générale*, Revue méd. de l'est, 1890, XXII. 561.

The author cites the opinion of J. Christian in the *Dictionnaire des sciences médicales* against the alleged exaggerated tendency to fractures in general paralytics, Christian not having seen a single fracture in five years in 307 paralytics. Also, Simon in his thesis *Des Fractures Spontanées*, 1886, asserts that spontaneous fractures are very rare in general

paralysis, most authors mentioning them, but without offering any proof, there existing only a small number of observations that are truly conclusive, and most of the authors failing to distinguish, from the point of view of the production of these fractures, between dementia and general paralysis.

Froelich's case was that of a man of 43 years, who presented himself as an out patient, having a fracture of both bones of the fore-arm. Three days before on lifting a shovelful of dirt he felt a slight pain in his arm and at the same time heard a slight cracking, but he continued his work.

The clinical history as given by Froelich leaves no doubt that the patient was suffering from general paralysis. That the fracture was really spontaneous there seems to be no doubt, since shoveling dirt would not produce a fracture in a normal man. The manipulations necessary for putting the arm in a plaster dressing caused no pain to the patient. The patient returned five weeks later to have the plaster removed; union was complete. At the same time he showed his right arm, and examination showed that the two bones of the fore-arm were broken. He had slipped on a flight of stairs, and in falling struck with the back of hand, not very strongly, on some coal in a basket that he was assisting in carrying. The traumatism here was more considerable than in the first instance, but the shock was not violent and he did not know that he had broken any bones.

The points of interest are:

1. In a general paralytic, whose disease had existed over 6 months, two spontaneous fractures occurred at intervals of 5 weeks.
2. These fractures caused no pain to the patient at the moment of their production, nor at the time of their reduction.
3. The union was rapid, as has already been noted for this class of fractures.

BUDDEBERG, *Ueber die akut verlaufende depressive Form der Dementia paralytica*, Allg. Zt. f. Psychiatrie 1890 XLVI. 682.

Within a short period Buddeberg observed five cases of the depressive form of general paralysis. On entrance all three cases presented the classical picture of agitated melancholia; only in three cases was there a certain diminution of memory. Patients complained loudly of their misery, wrung their hands in despair, ran unsteadily about, and refused nourishment; hypochondriacal complaints were more rarely shown. After a short time there developed in all the cases signs of a profound organic lesion of the brain, as shown in difference and immobility of the pupils, pareses, etc. To the paretic symptoms there was added a rapid loss of mental powers, nutrition was greatly reduced, and on the entrance of intercurrent, febrile diseases, the disease ended fatally in the course of a few months; only one case lasted eleven months. Autopsies in four cases; the brains in general showed signs of a very acute encephalitis, the cortical substance being already in part atrophied. A cystoid degeneration of the cortical substance such as Schüle and Ripping have described for this form was not observed. As regards etiology four cases were hereditarily predisposed. Besides *trauma capitis*, mental over-exertion and work appeared to be important predisposing causes, but the number of cases is too limited to permit definite conclusions to be drawn. Patients all males.

COTTAM, *A case of general paralysis of the insane with crossed reflexes*, Lancet 1891 II. 288.

The patient was a male, age 55. The clinical history presented the usual mental and physical signs of general paralysis. The particular symptom of "crossed reflexes" was noticed after the disease had